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Perceptions of Employee Assistance Counsellors: Dichotomous Findings for a Dichotomous Field

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INTRODUCTION

The employee assistance field continues in the 21st century as an unregulated counselling profession. There is no overarching government regulatory body in Canada that provides best-practice guidelines nor is there a regulatory college or mandatory licensure to offer Employee Assistance Program (EAP) services or be an EAP counsellor. In fact there is no criteria at all regarding what qualifies an individual to be an EAP counsellor other than self-identification. In 2010 Csiernik and Darnell published an exploratory qualitative study of 16 EAP affiliate counsellors conceptualized as contract employees who work for an external EAP vendor primarily on a part-time or as needed basis. Affiliate counsellors are distinct from staff who work for organizations with internal EAPs and also from full-time counsellors working for external providers yet are integral to the functioning of EAPs to meet their primary clinical responsibilities. Information collected through a focus group and in-depth individual interviews found that though participants in general enjoyed their work with this population, particularly the diversity of issues with which clients presented, and felt that providing counselling to this group was critical, that there were several substantive limits to their EAP practice. Participants indicated that in their role as affiliate counsellors they had clinical and ethical concerns pertaining to their inability to provide sufficient counselling hours to some clients in need due to continuous pressure to decrease client contact time from EAP vendors, along with a constant need to ask permission from less seasoned clinical directors than themselves for extra

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counselling sessions. Participants also stated that their clients received mixed messages regarding the level of service available from their employers versus what affiliates were actually allowed to provide. The participants reported that the EAP vendors who employed them did not routinely acknowledge their experience prior to becoming an affiliate, specifically in terms of compensation. Some were even asked to reduce their hourly rate, which was already lower than they normally received for individual counselling, during the Canadian economic downturn. In general there was little to no training or support provided affiliates beyond information regarding how to complete the required case recordings and administrative forms.

The most recent representative national study of EAP in Canada entailed interviews with 565 human resources managers at worksites with 100 or more employees across the country. The study found that EAPs has been established in 67.8% of sampled worksites (95% confidence interval [CI] [63.9, 71.7]). The proportion of worksites with EAPs varied significantly across work sectors ($p < .001$) but not across regions of Canada (Macdonald, Csiernik, Durand, Rylett, & Wild, 2006). A more recent landmark international study specifically examining the structure and nature of EAP vendors was able to provide for the first time comparative metrics for the field (Attridge, Cahill, Granberry, & Herlihy, 2013). Attridge and colleagues (2013) found that the median for the typical EAP vendor in their study was 16 dedicated staff serving 165 organizations representing 130,000 employees and more than 330,000 lives. This underscores the reliance of EAP providers upon affiliate counsellors. However, the average number of sessions per counselling was a mere 2.5 with a median of 2.4 but with a range from 1.2 to 4.7. Nearly one in 10 EAP vendors had their counsellors seeing clients on average only once, with just under one half averaging two counselling sessions per client. Twenty-nine percent of vendors had an average of three sessions, 11% four sessions, with 2% averaging five sessions whereas no vendor had an average above five sessions per employee seeking counselling through the EAP. Affiliate counsellors provided 50% of all of the counselling sessions in the past year, of the study with a median of 44% and the maximum range of 0% to 100%. Thus, affiliate counsellors are integral to the global practice of EAP. One other point of interest arising from the global study were that only 11% of affiliate counsellors had the specific Certified Employee Assistance Professional (CEAP) designation with 30% reporting having no affiliate with a CEAP.

A separate study examining only Canadian EAP vendors found an even greater reliance upon affiliate counsellors. Only 27% of EAP counselling provided by the eight organizations who replied to this question was completed by full-time staff. Thus, nearly three fourths of EAP counselling provided by the major national and regional Canadian vendors was offered by affiliate staff. The range was from a low of 26% to a high of 100%. The average number of counselling sessions in Canada was slightly greater than the global average

TABLE 1 Canadian Employee Assistance Program Counselling Activity

Measure	<i>n</i>	Mean	Range
Average counselling sessions per case	8	3.1	1.9–4.7
One session	0		
Two sessions	4		1.9–2.4
Three sessions	1		3.2
Four sessions	2		3.8–4.0
Five sessions	1		4.7
Six sessions	0		
% of counselling provided by affiliates	5	73%	26%–100%

at 3.1 sessions per employee (median 2.8%) though the mode was just 2 (Table 1) (Csiernik, Sharar, & Granberry, 2014).

The Csiernik and Darnell (2010) study was limited by its scope and the voluntary nature of the participants, yet saturation of themes did occur even within the small sample. Some of those concerns were reflected in the findings of the recent, large empirical EAP vendor studies and likewise reflect concerns discussed by Masi (2011) and Kurzman (2013) that EAP is becoming a commodity rather than a professional service.

METHOD

Background to the Current Study

Despite or perhaps because of the limitations two prominent dichotomous responses arose after publication of the Csiernik and Darnell (2010) study. Leaders of EAP vendors, particularly outside of Canada, indicated in writing that the study results were not indicative of their affiliate network members, whereas several individuals working as EAP affiliates, primarily in Ontario, contacted the authors indicating that their experience very much mirrored the study’s findings, including the executive director of the Ontario Association of Social Workers (OASW). OASW is a voluntary, provincial, nonprofit bilingual association for social workers incorporated in 1964 with approximately 4,500 members. Its mandate includes advocacy for the improvement of social policies and programs directly affecting social work clients and social work practice, developing position papers related to professional practice, and providing direct services to its members (OASW, 2011). In 2012 this study’s principal investigator was asked to prepare materials on behalf of OASW regarding the professional benefits and risks of providing EAP counselling based partially upon information from the original study. The executive director had noted an increased and sufficient number of concerns being presented by members to the provincial office regarding this social work practice area over the past 2 years to warrant specific attention to the topic. In response to these concerns a series of articles were prepared for OASW (2013), and

during the process it was observed that there was very limited Canadian data pertaining to the practice of EAP counselling, particularly from a social work perspective. At this point OASW offered to sponsor a study, using the membership as a data source, to examine what issues Ontario social workers were specifically experiencing regarding their role as EAP counsellors.

Sample

As a result of being an unregulated profession there is no census regarding who works in the employee assistance field or what exactly being an employee assistance professional is other than self-identification. There is no federal or provincial authority responsible for EAP in Canada, nor is there a college for EAP professionals. In a Canadian survey of EAPs, Csiernik (2002) found that 63.9% of those offering EAP services identified themselves as social workers. OASW as the largest provincial voluntary association of social workers and because of its advocacy function to enhance the working conditions of social workers to maximize effective and meaningful service provision to the community was a good fit from which to draw a convenience sample for this exploratory research into the perceptions of EAP practice through the lens of actual practitioners.

Members of the OASW who self-identified as practicing full-time or part-time in the provision of EAP counselling were invited via an e-mail from OASW to voluntarily complete an 11-item open-ended questionnaire (see the appendix) developed from the original Csiernik and Darnell (2010) study along with five demographic questions. The questionnaire was accessible electronically through the secure OASW website. OASW members were also provided the option to contact the principal investigator, through e-mail, telephone, or mail to request a print copy if they preferred to complete the survey in that manner. A second invitation to participate was included in the monthly OASW electronic newsletter that all members with e-mail access receive. There was no inducement provided for participating in the study, nor was there any deception or the withholding of key information from participants. The study was approved by the King's University College Research Ethics Review Committee.

A convenience sample of 145 responses was obtained, of which 138 (95.2%) were returned electronically and seven (4.8%) via mail. Not surprisingly for a sample from an association of social workers the majority of respondents were female (73.1%). EAP counselling is typically a practice domain requiring graduate education, and this was evident in the sample with 139 (95.9%) respondents having a masters' degree whereas two (1.4%) had earned doctoral degrees. Median age of respondents fell in the 50 to 59 age range with a mean of 23.5 years of experience as a social worker and 11.5 years of providing EAP-specific services. Thus, participants represented an educated, experienced sample of professional counsellors.

Analysis

All electronic responses were individually logged into an Excel spreadsheet with distinct columns for each question with the seven mailed responses added manually to the established electronic database. Frequencies for the demographic questions were tabulated using Excel. Qualitative statements were transferred from Excel to a word database where the three members of the research team employed thematic analysis to explore the data set. Thematic analysis is an established inductive approach to search for meaningful patterns within qualitative data. Each member of the research team independently familiarized himself or herself with the data. Next codes were established to recognize themes which were verified through identifying specific exemplars for each theme within each question. Commonly identified verified themes are presented in the Findings section.

FINDINGS

Entry into the EAP Field

When asked how they came to enter the field of employee assistance counseling a common response was through the development of small business/entrepreneurial skills. This is an area typically not associated with social workers but that does reflect the private practice/business nature of the EAP field. For many respondents in this convenience sample gaining entry into the EAP arena required very distinct skills than were developed during their social work education: learning how to market themselves and to find their brand, understanding the EAP field as it existed, and learning how to procure a contract. A distinct theme that arose among those with extended years of clinical experience was about being specifically recruited because of unique practice skills that they had gained over the course of their careers that were required by a vendor. Other entry points into the EAP field were through a colleague in private practice who already had a few EAP contracts or leads or through an organization they were working for that had secured its own EAP contracts.

EAP Counselling Roles and Preparation to Be an EAP Counsellor

The primary EAP function performed by study participants was as direct practitioners. Within the counselling role they typically completed assessments in addition to providing clinical treatment. A secondary responsibility entailed administrative tasks including note-taking, transcribing, billing, and computer work:

Psychotherapy sessions— to prepare for sessions by reviewing the chart— to update my knowledge— to keep abreast of company policies and procedures— to submit records, on my own time, to store records— to

keep financial records of invoices sent out and income received— to adhere to College standards. (MSW, 35 years in the field, 10 in EAP)

Some respondents held part-time intake roles in the call centers of the organizations that included providing referrals, whereas others were primarily responsible for crisis-related services ranging from telephonic crisis calls, face-to-face sessions at their own offices, or on demand, on-site interventions at the workplace.

Respondents were next asked what training, preparation, and professional development activities were provided upon hiring. Common responses included basic orientation to the firm, its clinical reporting forms, policy manuals, and lists of contacts needed inside or outside the organization. Others indicated that they received in-person or telephone supervision, that they were provided an orientation of the organization including spending a day in “head office,” and had access on an as-needed basis to clinical supervisor. Some respondents also received peer consultation, clinical training, monthly education meetings, and access to training including some in-service programs. Professional development for some was paid, others given the time in lieu to participate. When offered, training was typically targeted at modalities frequently employed in EAP, such as crisis counselling, critical incident stress debriefing, cognitive-behavioral training, or instruction in short-term, solution focused methods:

Training varied based on the company— one company provided introductory workshops (teleconference) and offers ongoing PD from a training website that they host. The others have offered one-to-one consults on processes and /or contact with the supervisor or onsite psychologist. (MSW, 8 years in the field, 7 in EAP)

However, a second dichotomous theme emerged to this inquiry: nothing. A major theme that ran through the responses regardless of years of experience prior to being contracted was the dearth of support posthiring. The theme entailed that as professional social workers they would already have had adequate training and qualifications at the time of appointment to be able to carry out the role of EAP counsellor without additional support: “I was hired full-time and hit the ground running with a six client day, dealing with issues I had absolutely NO prior experience with . . . I faked it and hid my anxiety as best I could!” (MSW, 24 years in the field, 17 in EAP).

Benefits of the EAP Counselling Role

The dominant theme that emerged regarding what respondents most liked about the field was the variety of presenting client issues, “the diversity of clients, meeting with people who have never tried counselling and otherwise probably wouldn’t” (MSW, 2 years SW, 2 years in EAP).

Another theme that emerged was the environment, that EAP entailed workplace-based counselling:

I liked the variety of situations presented by clients of all ages and at all stages of life. I was challenged by the fact that many of the problems had their origin in workplace politics and dynamics and required some careful crafting of strategies and behaviors with the client in order for them to continue to work in their setting. (MSW, 35 years SW, 20 in EAP)

Other themes were the motivation of clients, the fact that cases may not be overly complex, and how EAP work complements their other roles, which for some are very high stress. Also providing a great deal of satisfaction is the model used in EAP: short term, brief, and solution focused:

It (EAP) has injected good business practices into social work. The expectation for customer service is higher from my experience. The expectations are greater to provide and demonstrate quality service. From my experience it has been a more strength-based approach— influencing our practice in other funded programs. Also— unlike Ministry funded programs, employers don't care how progress is made, as long as it is within the financial limits of the contract. I feel therefore like I have more freedom for creative work with these clients— it does not always have to be evidence-based practices. (MSW, 20 years SW, 20 in EAP)

Other themes included the fact that EAP work was a steady supplement to the ups and downs of private practice and that the hours were generally flexible as was the quantity of work offered. Being a contract employee also allowed practitioners to take as many or as few referrals as desired, over different parts of the year. Similarly, having autonomy was also mentioned by many working as sole practitioners, stating that was important for them to be in charge of their own businesses and their own careers.

Limitations of the EAP Counselling Role

When asked to comment upon limitations to working in the field a prevalent theme that emerged related to reimbursement and challenges within the business model of EAP itself. In fact, the flavor of general dissatisfaction with profit-making endeavors was the most prominent theme. Social workers in the study expressed challenges working within the parameters set by the business model, constructed to prioritize bottom lines. Foremost was the expressed dislike of capping sessions. Firms varied in how limited the counselling offerings were, most averaging three to six sessions per client, based on a 50- to 60-minute interview. This was contrasted by comments that in their private practice, there were no such constraints, only clinical judgment or client preference used to determine how much work was required.

The issue of transparency also emerged as a prominent theme within limitations of the counselling role for though companies expected streamlined service, clients were not to be informed that their counselling program had any limits. Some familiar with the “pitch” to customers were aware of promises made to offer unlimited services, but in reality these promises were hollow. Respondents were uncomfortable with the duplicity, felt constricted by the session limits, and stated the model did not fit with their standards of practice, “Some companies expect what amounts to manipulation of the client by limiting their understanding (of counselling) to short-term problems” (MSW, 39 years in SW, 8 years in EAP).

Other issues that respondents associated with practice within a business framework involved the “tight-lipped” corporate culture. Affiliates mentioned they were advised to shy away from communication with the client relating to service delivery entitlements. Also linked to the profit motive, affiliates noted they were sometimes monitored in terms of new clients assigned and number of cases closed: in essence, held to targets to measure corporate goals. A minor theme entailed respondents receiving written or verbal warnings about their need to close files more quickly. Failure to do so resulted in lessened referrals in some instances. However, on the reverse side of the relationship, individuals who had begun as affiliates but had become full time management staff described challenges working with affiliates who struggled with the dual-client model for which they had been hired and chose to work under:

I still struggle with counsellors who do not understand the model and therefore have a difficult time working within the limitations of it, i.e., the limited number of sessions and understanding that there are two clients—the employee and the corporation. (MSW/MBA, 20 years in SW, 20 years in EAP)

Other concerns named as problems in this area included high daily and overall caseloads, burnout, and fluctuating provider income as EAP vendors add or reduce contract staff throughout the year based upon changing client needs or efforts to trim their own budgets. A number of responses reflected the idea that as affiliates they were “disposable,” and had no protection or representation in the organization.

Reimbursement for services was a common issue raised as well. There were repeated comments regarding the low rate of pay compared to public sector or rates set in private practice, which can be standardized by regulated college guidelines in some professions. Affiliates stated they were pressured by clinical managers to lower their requested rate of pay and were “rewarded” with increased referrals. Other concerns were compensation included the need to purchase one’s own supervision if required outside

the EAP, and the length of time needed to complete paperwork, which is typically unpaid time:

Sometimes to get a few extra sessions, we have to jump through hoops and often we are turned down. Also, when asking for more sessions, I resent having my clinical judgment being questioned by a (full-time) EAP consultant who (has) a fraction of my clinical experience. (MSW, 38 years in SW, 22 years in EAP)

Practicing within the confines of primarily one clinical modality, short-term, solution-focused was another constraint that was evident. It was noted the structure of EAP fits this problem-solving method, but respondents found clients' deeper issues had no place to be addressed. In fact some EAP vendors only allowed for assessment and referral. In many locales, respondents noted there were wait lists, or no services at all to refer clients to once their session limits had been met, "Brief solution-focused therapy is rarely sufficient for the clients that present"

(MSW, 15 years in SW, 7 years in EAP).

Grouped under company policies we noted additional respondents' workplace challenges. Concerns addressed the inappropriateness of referrals, the need to comply with "rigid" organizational rules, and contract provisions stating no "self-referrals" to your own private practice, and 2-year, do-not-compete clauses. One study participant replied, "The inability to refer to self for long-term issues, especially in a rural area where there are limited resources and you know that clients are going to fall through the cracks after their sessions are up" (MSW, 25 years in SW, 15 years in EAP).

A final category of unmet demands includes those of the client and the provider. Respondents reported that clients wanted longer term therapy, more timely bookings, a greater range of therapists available to them, and at times expressed fears regarding confidentiality. Travel issues were a concern in rural areas. Affiliate concerns ranged from "no-shows" to not having enough referrals. Clients also reported to their counsellors that they noticed their discomfort when speaking about session caps. One respondent noted that EAP vendors saw no value in therapy and promoted use of the cheapest approach to working with clients, without having any way to measure the impact of that decision on either the client or the workplace.

Enhancing the Affiliate Role

When asked what they would do to enhance the practice of EAP counselling three themes emerged: the limits placed upon the number of sessions they

were allowed to offer, being honest with clients about the total number of sessions they were allowed to provide, and allowing clients to continue to work with the therapist after they have reached the EAP session limit. The issue with session limits was consistently that there are too few, with many EAP vendors restricting clients to a maximum of three sessions regardless of what was being promoted to organizations. Respondents who acknowledged this aspect indicated that this number was too low and did not allow for adequate time to address the client's needs fully. Although no respondent suggested that EAP should have unlimited sessions, the general consensus that the minimum of three was not adequate time to support the client through their issue(s).

Related to the limited number of sessions was the concern that EAP affiliates are not able to continue their work with clients after the allotted number of EAP sessions have been utilized. Despite clients initiating the request to continue their work with the affiliate and even willing to pay for that service out of pocket, it is a practice that is prohibited by many EAP vendors. This raises frustration among many affiliates as the clients have established a relationship with the therapist, and issues have started to be addressed within that client–counsellor relationship.

The third issue identified with regard to sessions was the direction from EAP companies to “not be honest” with clients about how many sessions they would receive. Many affiliates stated they were directly told not to inform their clients of the number of sessions available to them. This direction to be dishonest with their clients created a setting that was borderline unethical for many of the respondents, and many acknowledged they choose not to follow this direction within their EAP work:

Some EAP (vendors) have no understanding of the importance of the therapeutic alliance and so would throw up roadblocks to service such as not allowing clients to return to the same counsellor, not allowing additional sessions, and not allowing clients to continue to work with a counsellor even if they were willing to pay out of pocket and sign a waiver. (MSW, 14 years in SW, 10 years in EAP)

The client needs to be fully aware at the beginning of the relationship of the limits to sessions. Many EAPs believe this creates anxiety, however I have experienced the opposite. Clients tend to be much more focused when they are aware of a concrete plan for intervention and the affiliate is able to walk them through a definitive beginning, middle and end. (MSW, 17 years in SW, 5 years in EAP)

A second theme that emerged related to financial compensation with respondents touching upon hourly rates being too low, turnaround time for payment being slow, and need for compensation for “noncounselling” time. There was a consistent message that the amount of pay received by

affiliates is too low, especially in comparison to private practice fees and is not reflective of the experience and qualifications of the therapists. The vast majority of EAP affiliates in the study held masters degrees and yet were being paid in the \$40 to \$60 per hour range. The need for professional development to be included as part of their role as an affiliate was also a common concern.

An interesting though minor theme was the desire to have counselling provided by social workers to be a direct service covered by extended benefit programs. Frustration around the previously mentioned issues could be decreased or eliminated entirely if social workers were the direct service providers and EAP companies were eliminated, as indicated by one respondent:

For EAP practice to be enhanced EAP corporate providers should be driven out of business by Social Workers banding together and OASW supporting them. Before Social Work was regulated the corporations were necessary for quality control. Now they are completely unnecessary and benefits should be provided to clients like eyeglass or dental benefits: an annual spending amount ceiling should be stated in the benefits package and clients allowed to go and find their own clinician like the do an optometrist or dentist. OASW could play a huge role here for Social Workers to finally receive their due in terms of fees and public recognition for their skills. (MSW, 45 years in SW, 15 years in EAP)

Administrative concerns arising focused primarily upon the time necessary to complete the necessary forms and documentation, the lack of compensation for doing the required task, and delays in being compensated once a file was closed. The phrase *too much paperwork* was a constant response to this question, with some adding the words *redundant*, *onerous*, and *overwhelming*. There was a clear theme that the required paperwork for many EAP vendors was above and beyond the necessary documentation for the social work profession that created an extra amount of work for the affiliates, without any additional compensation for their time.

Ethical Issues

Many respondents discussed no ethical concerns regarding their role as an EAP affiliate counsellor, whereas others again identified the number of sessions allowed per client in conflicting with their professional code of ethics:

Restrictions are based on the model for each organization that contracts with EAP *Vendor X*. That means there are expectations/limitations around the number of sessions we can provide. We are expected to meet 'targets' and stay within these averages which are all about the profit margin and have nothing to do with what is best for the client. (MSW, 24 years in SW, 17 years in EAP)

(there are) conflicts with the Code of Ethics (and) informed consent. The client is under the impression that they have more sessions available to them than will be approved. (MSW, 17 years in SW, 5 years in EAP)

Another concern was not being able to continue work with clients post-EAP. Although it is understandable that often deeper issues may be brought forth in the few counselling sessions allowed with a client, and that trust is established, not being able to follow through on that journey with a client is difficult for clients and counsellors:

It is an ethical consideration when a client wishes to continue to work as a privately paying client rather than through EAP. In one way, I must be very cautious not to encourage this even though it would benefit me financially and because the EAP companies discourage or forbid it. On the other hand I want to allow clients the autonomy to know when they want to continue working together and to be free to choose that. (MSW, 5 years in SW, 2 years in EAP)

As well as EAP is often the first and for some the only experience clients have with counsellors/therapists, it plays a pivotal role in introducing many to the concept of counselling itself:

I sometimes hear complaints from clients about other EAP counsellors they have been to in terms of ethics and quality of service provided. I am concerned about the vetting process of counsellors and the gamble folks are taking when they show up in a counsellor's office. I do not think the EAP companies take care about who they hire. I did not meet anyone from the company in person for many months after I began seeing clients. This seems outrageous. (MSW, 5 years in SW, 2 years in EAP)

The company which employs me tells clients that the counsellors they hire are masters level trained. I know for a fact that this is false. In fact I received several complaints about one counsellor in particular. I did some sleuthing and discovered that her degree was from an American diploma mill. I brought my concerns to my clinical supervisor. My concerns were brushed off. I live in a relatively small community and know there are other people with only an undergraduate degree providing service for this EAP company. In my opinion this does a disservice to clients who minimally deserve a qualified counsellor. (MSW, 33 years in SW, 8 years in EAP)

Finally, several responses captured the broader affect that under laid the study:

I left EAP work. Working in the industry left a very bad taste. Even though I agree with the concept of providing employees with counselling

support, I was disappointed in how the business is run. In order to realize profit the EAP company depends on very brief services (three sessions preferred) and is quite stingy in paying counsellors. Ultimately, I did not feel supported by the EAP, but rather USED. (MSW, 20 years in SW, 6 years in EAP)

I am not sure I can accept the lack of ethics within the organization. My actual boss, colleagues, the counselling are all great. It's the integrity of the overall organization that I am struggling with— especially when we espouse customer service on one hand, but so much corruption is happening on the other hand. (MSW, 25 years in SW, 2 years in EAP)

I would like to continue EAP work, however I am discouraged by the ethics of the EAP corporations. (MSW, 5 years in SW, 3 years in EAP)

DISCUSSION

Working with some smaller EAPs was a rewarding experience— they allowed me to do my work and respected and trusted my professionalism, and although they didn't pay my private practice rate they still paid a respectful amount. The larger EAPs especially *Vendor Y* was a corporate nightmare. Their interest was in making money and that was clear in their policies and practices geared towards their counsellors. (MSW, 14 years in SW, 10 years in EAP)

I was fortunate to work for a reputable provider that would not jeopardize quality service provision for the sake of making a profit. I know other clinicians who resigned from EAP positions with other providers due to ethical concerns. (MSW, 30 years in SW, 19 years in EAP)

An EAP counsellor bases her or his assessment on some standardized tests and using their practice wisdom develops a plan of action in partnership with the client. However, unless there is some external report the information is all self-report and is premised upon the client's perceptions. Likewise, in an exploratory study such as this, regardless of the sample size all that is available to examine is the perceptions of those who present their views. In Canada affiliates are the primary providers of EAP counselling services. Almost every one of the 145 EAP affiliates who were members of the OASW who participated in this study had some concerns or provided critical commentary about this role. However, that should not be surprising for despite the large sample size the study was still based upon a convenience sample. As such it is more likely those with either a very positive or a very negative experience are the most likely to voluntarily respond. Clearly from the responses that were

provided, and the exemplars presented, there are many aspects of being an affiliate that need to be addressed by the field, with a majority being targeted at the corporate entities that coordinate the business of EAP. However, it is equally as important to note that there were several positive themes that permeated the responses. Despite all the problematic issues that exist for EAP affiliates there are also benefits that are experienced within this role, and these positives are most likely a large component of what keeps some affiliates in the EAP field. It is also vital to note and underscore that not all EAP vendors treat affiliates and in turn clients the same and that a prominent dichotomy exists here.

There is a fundamental tension in the EAP field, given that a majority of providers are social workers (Csiernik, 2002), and that the majority of respondents in this study were also social workers. The foundation of social work is based in social justice (Canadian Association of Social Workers, 2005), current educational practice in most Canadian schools of social work is through an antioppressive lens (Canadian Association of Social Work Education, 2013), and thus when you combine this with a counselling approach based upon a capitalist practice model it again is not surprising that there were multiple dichotomies discovered. On a professional level respondents enjoyed many aspects of the work that arises from supporting employees and their families. EAP counselling is seen as interesting, and it serves the needs of a population that otherwise might not be exposed to or seek counselling. However, respondents indicated that they were not able to provide best practice and spent an inordinate amount of time on administrative tasks. Although there is a degree of autonomy that occurs in private practice associated with EAP, often there is a need to seek permission for additional counselling sessions to meet client needs; and given the seniority of the sample in this study, that permission is often sought from those with less clinical experience. There was no mention by any respondent of protocols regarding mandatory consultation based upon duty to report to external organizations such as child welfare, or protocols regarding high-risk cases. The reality that all consultations are unpaid forces providers to conduct a cost/benefit analysis when seeking help from a supervisor/manager or even a peer.

A clear dichotomy emerged regarding EAP vendors. Although some respondents expressed support for affiliates in providing supervisory and professional development there was a more substantial response to the limits of practice placed upon affiliates by some vendors. Although a minority of respondents indicated they had never had an ethical issue arise in their practice, and this represents an average of nearly a dozen years of EAP practice per respondent, a greater number had concerns about the ethical and even duplicitous practice of some of the EAP vendors that employed them or for whom they used to work. Although respondents in this study were highly seasoned there were also comments regarding individuals being hired with questionable backgrounds regarding degree, length of service, and professional

competency. Although 96% of respondents had MSWs and all belonged to a voluntary professional organization, few had specific EAP credentials or training. Although Ontario requires anyone using the title *social worker* to belong to the College of Social Workers and Social Service Workers there is absolutely no equivalent quality control or oversight on any EAP vendor. Although the education of all those in the study is reviewed and regulated by a peer accreditation body, there is no scrutiny of anyone establishing an EAP firm in Ontario or elsewhere in Canada.

The EAP field is no longer a new practice area for social work or any other helping profession. It is well established, yet as with any field straddling two domains tensions exist. For those entering the field as practitioners, despite whatever calling or personal circumstances brought them to the profession, they need to be aware that EAP is founded upon a business model. Despite the benefits there are distinct limits as there are with any form of paid or contracted labor arrangement, and this includes demands pertaining to how one may practice, with whom one may practice, as well as the mundane administrative tasks, reporting requirements, and set fee limits regulating remuneration.

When the narratives are further examined there is a dichotomy between those deemed to be good EAP vendors and those viewed as poor and even unethical. The competitive nature of the EAP field has led some vendors to participate in what has been coined the cost-cutting race to the bottom (Daniels, Teems, & Carroll, 2005; Sharar & Hertenstein, 2008). These vendors become readily known among affiliates who can make informed decisions about their employment options. However, they are less known among purchasers who typically do not make informed clinical practice choices but rather business choices based upon economics and corporate bottom lines. Because there are no regulated or mandated EAP best practice standards, organizations in a free market are able to select the least expensive EAP regardless of the standards or quality of service provision. The question to be asked is "Should someone take responsibility for this?" Thus, an additional implication of the study's findings pertains not to the providers of service but to the purchasers of service. The ignorance or naivety of these individuals does not affect a lone social worker who can just as easily decide to work or not work for a particular good or poor vendor. Rather hundreds to thousands of employees who, because of unreported or purposely hidden restrictions placed upon affiliates, the primary providers of EAP counselling in Canada, send their employees into situations where they are not receiving the best possible service.

The findings of this study are limited in that it only examined one province in Canada, though it is the largest, and only one discipline of counsellors, though it is the most prominent in the field. A further limit regarding the population was that as only self-identified affiliate counsellors were invited to participate, the perceptions of internal EAP counsellors and full-time EAP

counsellors were not actively solicited. Likewise as this exploratory study was sponsored by OASW that is a voluntary organization not all social workers had access to the study nor did affiliate counsellors who belonged to another discipline or no discipline. As well, of all counselling professions, social work is the one whose standpoint is based upon social justice and an ecological person-in-environment stance and as a group may be more critical of unfair practices that affect themselves, their clients, and their client systems. Thus though the findings remain descriptive in nature they have illustrated important differences in the EAP field and mirrored many of the results from the initial exploratory study in this area (Csiernik & Darnell, 2010). Practitioners who chose to work in this field need to be aware that there are distinctions among EAP vendors. They need to fully investigate the benefits and limits of EAP practice as an affiliate. They need to determine which organizations are more likely to professionally support them and allow them to follow best practices, and who may make it more difficult through practice and policy from meeting their professional and ethical responsibilities.

The final issue to be discussed pertains to all professional associations, and not only the OASW who sponsored this study in response to expressed concerns by portions of its membership. As a collective voice of counsellors, professional associations need to decide who their stakeholder groups are. Will they only inform their members of the benefits and pitfalls of different EAP vendors, or is it within their advocacy mandate to expand their stakeholder group to include those buying the services? Should they educate them of the dichotomy between EAP vendors providing ethical best practice while making a profit, for EAP is ultimately a business, versus those for whom profit alone is best practice?

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APPENDIX

Employee Assistance Program Survey

This research is supported by the
Ontario Association of Social Workers



Introduction

Thank you for taking the time to participate in this study examining your experiences of providing EAP services. All your answers will remain confidential so please do not provide any information that may allow you to be identified. Some of your responses may be used in an academic publication, in a public presentation or for advocacy but at no time will you be specifically identified. However, as the information may be presented in a public

format or in a written presentation when answering any individual question consider if your response would in any way allow you to be identified in any way should your comment or idea be specifically used. Your participation is totally voluntary. You may answer in as much depth as you like or not answer any question that does not pertain to you or that you do not feel comfortable answering.

Should you at any time wish to discuss any issue you are writing about or which completing the survey triggers a thought or feeling please contact me at either rcsierni@uwo.ca or at 1-519-433-3491 extension 4377. Any conversation will remain confidential and will in no way be used as part of the research process.

If you have any concerns or issues with the research itself or how it has been conducted you may contact the Associate Academic Dean of King's University College, Professor Renée Soulodre-La France at 519-433-3491 extension 4424 or by e-mail at rsoulodr@uwo.ca. If you have any questions regarding the role of OASW in supporting this research please contact the Association at 416-923-4848 or via the website at www.oasw.org.

BACKGROUND

Employee Assistance Programming is a distinct area of practice where social workers will find a diverse range of opportunities to engage with clients who otherwise would not obtain counselling services. Clients bring a range of issues and are typically motivated to address their issues. What also makes EAP counselling unique is the emphasis placed upon the role of the workplace in the development and resolution of the presenting and underlying problems.

However, as with any practice area, there are certain issues that arise for a social worker. The intent of the following questions are for you to have a forum to express what you have experience in your work in the field.

QUESTIONS

1. How did you come to be an EAP counsellor?
2. What training/preparation/professional development did you receive when you were hired for your EAP position?
3. What are your primary responsibilities/roles?
4. What do you like about practicing in the EAP field?
5. What are the limitations of working in the EAP field?
6. What would you change in order to enhance your practice?

7. Have any restrictions ever been placed upon your practice?
If yes, what were they?
8. What administrative issues arise in fulfilling the role?
9. If you have ever had an ethical dilemmas arise in your role please briefly describe it.
10. Do you have any concerns in being able to fulfill your role?
11. Please take this opportunity to discuss any other issues that you have not had the opportunity to address that you think are relevant regarding your work in the EAP field.

DEMOGRAPHIC INFORMATION

1. Sex: ☐ Male ☐ Female
2. Age: ☐ 20-29 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60-69 ☐ 70 or older
3. Years of practice as a social worker
4. Years working in EAP
5. Role in EAP